Governor's Hmong Resettlement Advisory Task Force Health Subcommittee Telephone Conference Call 8-18-04 11:30-12:30

Participants: Susan Gundlach, Jean Beinemann, Cheryl McIlquham, Karen Fink, Melissa Borth

Introductions

Review of Subcommittee Charge

Identification of issues/needs

Health concerns with new refugees:

- Communicable Diseases:
 - Intestinal Parasites Jean notes they are seeing a variety of parasites on screening the first families who have arrived, in spite of broad spectrum treatment in the Wat prior to departure.
 - <u>Check resources for screening agencies regarding</u> <u>common parasites and treatment recommendations.</u>
 - o TB
- Invite Savitri Tsering to participate on the Health subcommittee
- Other Health Issues
 - Dental This is a big issue with very limited resources. Very few dentists in Wisconsin accepting MA. Jean notes screening is not the issue large caries and obvious decay. Providers needed to treat after screening. Susan notes 1 Hmong dentist in Milwaukee, but case load is full.
 - Invite Warren Lemay to participate in Health Subcommittee
 - Letter from Subcommittee to Wisconsin Dental
 Association highlighting need and requesting assistance.
 Note this need is not unique to this population, but to the statewide MA population and concern about alienating population already on waiting lists if we achieve special consideration for the new refugees.
 - o Deaf/Mute
 - O Asthma/COPD The camp is located near a stone quarry and high degree of dust exposure with resultant respiratory problems. Dust content unknown and possibility of toxin exposure i.e. lead as well as airway irritation and chronic disease. Jean notes children under age 6 will be screened for lead as routine. Melissa suggests pregnant women enrolling in WIC also be screened for lead and if significant numbers have lead toxicity, that could be a trigger to screen other adults. Jean notes no lead toxicity in individuals screened so far in Sheboygan.

- Health Concerns continued
 - o Immunizations
 - Jean reports good immunization records.
 - Some records coming in Thai with Buddhist calendar difficult to ascertain dates as we know them
 - MMR questions documentation not clear whether trivalent vaccine, but inquiries through to IOM indicate trivalent MMR is being used for immunizations.
 - Need to time TB skin testing at least 4 weeks after live virus vaccine administration.
 - Need to establish Medical Home for families in addition to initial screening.
 - Need to identify any communities without medical resources accepting Medical Assistance
 - Jean notes Automated Health Systems is requesting MA HMO enrollment applications identify enrollee as new refugee and they will be able to do outreach, assist with Medical Home identification and advocacy. Kathy Kaelin is a contact person (414) 221-9300. Provider education workshops have been offered and may be helpful for organizations providing health screening. Melissa to contact Kathy Kaelin.
 - o Longer term we know population is at risk for hypertension and diabetes related to the change in diet and activity levels.
 - Mental Health Karen notes to coordinate efforts with the Mental Health Subcommittee. She reports they are recommending a mental health screening be included in the initial health screening. Noted cautions re cultural competence and difficulty assessing at time of uprootedness, jet lag, etc.

Resources

New arrivals will have Medical Assistance. Refugee Medical Assistance (RMA) for adults without children will be provided for 8 months. Families with children will be eligible for MA, Badger Care and Healthy Start based on income and will need to choose an HMO. Funding to contracted agencies for initial, required screenings and follow-up. TB program funding for follow-up and meds as needed.

Jean reports the Health Forms for new arrivals are very complete

Best Practices

Sheboygan Heath Dept – Creating a document from the state assessment form with results of screenings to report to the state and making a copy for the family which will be laminated and instruct to keep for the future, especially for citizenship requirements.

Milwaukee – One stop shop for intake to all programs through Maximus. Appointments coordinated through this process. Signatures for MA and food stamp applications received at airport on arrival to facilitate timely issuance.

<u>Gaps</u>

Milwaukee is still identifying primary screening agency. South Side Health Department currently has a 45 day wait to get in and does not have capacity. They are looking at 2 other locations:

16th Street Clinic, which has Hmong staff
Hmong MD on the north side – he does not take HMO clients
Neither have X ray capacity needed for TB screening
? Check with Elena regarding possible use of UW residency clinic

Need clarification of 90 day screening deadline – if refugees come all at once, screening agencies may not have capacity to complete within the designated time.

Dental as noted above.

Need coordination to deal with secondary migration.

Need coordination to deal with other service providers' requirements for appointments, activities.

Recommendations

- See highlighted bullet points above
- Invite participant from Division of Public Health for input regarding communicable disease and immunization questions.

NEXT CONFERENCE CALL SCHEDULED THURSDAY, 9-2-04 FROM 11:30AM UNTIL 12:30PM.